



Molina Healthcare of Texas, Inc.

Behavioral Healthcare Services STAR and STAR + PLUS

**STAR and STAR + PLUS benefits are based on calendar year (January 1 – December 31)*

Outpatient Services

Service	Coverage Details	Prior Authorization (PA)	Limitations
Psychiatric Diagnostic Interview	Evaluation counts against initial 30 visits	Notification requested; PA not required	One visit per provider per year
Outpatient Psychotherapy	Psychotherapies: Individual, group, family, crisis intervention	Notification requested; No PA for first 30 visits per year; Treatment plan review required for each additional 15 visits	Unlimited; Reviewed after first 30 visits per year and every 15 visits thereafter
Psychological and Neuropsychological Testing	Testing counts against initial 30 visits	Notification requested; PA not required if 8 hours or less and within first 30 visits	Per medical necessity
Medication Management	Does not count against initial 30 visits	PA not required	Unlimited
Electroconvulsive Therapy (ECT)	Does not count against initial 30 visits	PA required	Per medical necessity

Inpatient and other Hospital Step-down or Diversion Services

Service	Coverage Details	Prior Authorization (PA)	Limitations
Inpatient Care	STAR: ages under 21 STAR+PLUS: all ages	PA required. Concurrent review every 3 days or as needed. After hours/weekend admissions reviewed on next business day	Per medical necessity
Partial Hospitalization, Intensive Outpatient, Intensive Case Management	STAR+PLUS only	PA required with clinical review as needed	PHP 4.5-6 hrs per day; IOP for more than 1.5 hrs. per day; ICM 96 units (15 mins. per svc. unit) per day

Substance Use Disorder Services

Service	Coverage Details	Prior Authorization (PA)	Limitations
Detox	Covered	PA required	Per medical necessity
Inpatient Residential	Not covered	Not Covered	Not Covered
Outpatient	Ages 20 and under	Notification Requested; PA not required	135 hours of group counseling per year; 26 hours individual counseling per year

Fax: 1-866-617-4967

Questions: Call the MHT Behavioral Health Hotline **1-800-818-5837**



Molina Healthcare of Texas, Inc.

Behavioral Healthcare Services CHIP and CHIP Perinate

**CHIP benefits are based on member enrollment year.*

CHIP Perinate Members (mother) are not covered for behavioral health or substance use benefits

Outpatient Behavioral Health Care Covered Services

Service	Coverage Details	Prior Authorization (PA)	Limitations
Psychiatric Diagnostic Interview	Evaluation counts against 30 initial visits	Notification requested; PA not required	One visit per provider per year
Outpatient Psychotherapy	Psychotherapies: Individual, group, family, crisis intervention	Notification requested; No PA for first 30 visits; Treatment plan review required for each additional 15 visits	Maximum 60 visits within 12 months
Outpatient Service Conversions	60 visits may be converted to: psycho-educational skills training OR rehabilitative treatment	Benefit Conversions require PA	Conversions are based on financial equivalence of available benefit
Rehabilitative Day Treatment	60 days may be converted to additional outpatient visits	PA Required Benefit conversions also require PA	60 days within 12 months
Psychological and Neuropsychological Testing	Testing counts against initial 30 visits	Notification requested; PA not required if 8 hrs. or less and within first 30 visits	Per medical necessity
Medication Management	Does not count against initial 30 visits	PA not required	Unlimited
Electroconvulsive Therapy (ECT)	Does not count against initial 30 visits	PA not required	Per medical necessity

Inpatient and other Hospital Step-down or Diversion Services

Service	Coverage Details	Prior Authorization (PA)	Limitations
Inpatient	25 days of benefit may be converted to residential, partial or therapeutic foster care	PA required. Concurrent review every 3 days or as needed. After hours/weekend admissions are reviewed on next business day.	45 days within 12 months; Conversions are based on financial equivalence of available benefit.

Substance Use Disorder Services

Service	Coverage Details	Prior Authorization	Limitations
Detox	Detox and crisis stabilization	PA required	14 days within 12 months
Inpatient Residential	30 days of benefit may be converted to partial or intensive outpatient	PA required	60 days within 12 month period
Outpatient & Intensive Outpatient Rehab Program (IOP)	Outpatient: 1-2 hrs/wk of ind., group, psycho-ed and life skills training IOP: 10 hrs/wk for 4-12 wks of the same	PA required	Outpt: 6 mos within 12 month period IOP : up to 12 weeks within 12 month period

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